



## **TRICARE Management Activity**

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# **Fact Sheet 1**

**May 2001**

(Supersedes Fact Sheet No. 1, dated November 2000. The only change from the previous version is in the telephone number at the bottom of the last page.)

### **TRICARE: The Basics**

TRICARE is the Defense Department's worldwide health care program for service families. It consists of three options: TRICARE Prime, TRICARE Extra, and TRICARE Standard. Here's a brief description of each option:

#### **TRICARE Prime**

This is a voluntary enrollment option (the only option that requires enrollment) that's very much like a civilian health maintenance organization (HMO). Ask your regional TRICARE contractor if TRICARE Prime is offered in the area where you live. If it is, and if you decide to get your care through TRICARE Prime, you must enroll yourself and/or your family members in Prime, in order to use this option. If you're an active-duty service member, you must enroll during in-processing, according to your command's policies and procedures.

In TRICARE Prime, you'll receive most of your care from military providers, or from civilian providers who belong to the TRICARE Prime network. Parents or guardians must enroll newborns and newly adopted children in TRICARE Prime as soon as possible after birth or adoption--and must also register them in DEERS (the Defense Enrollment Eligibility Reporting System)--to ensure uninterrupted coverage under TRICARE Prime.

Active-duty members and families won't have to pay an annual enrollment fee. All others will, but there'll be no annual deductibles, and the patient's share of the costs for services under Prime will be reduced. Active-duty service members don't have to pay co-pays or cost-shares if they use a military medical facility. You won't have to file claims when using a military medical facility or TRICARE Prime network providers.

Covered services are the same as those in TRICARE Standard, but you also have additional preventive and primary-care services. For example, clinical screenings are covered at no charge under TRICARE Prime, but you must share their cost under the two other health-care options, TRICARE Extra and TRICARE Standard.

You'll choose, or will be assigned, a "primary care manager" (PCM), from whom you'll get most of your routine health care. Your PCM will manage all aspects of your care, including referrals to specialists, with the help of the local health care finder (HCF). Remember: Your PCM and HCF must arrange for a referral when required, before you get specialized care.

As a TRICARE Prime enrollee, you also have a “point-of-service” (POS) option. This means that you can choose to get non-emergency services without a referral from your primary care physician. However, if you decide to get care under the POS option, there’s an annual deductible of \$300 for an individual, or \$600 for a family. After the deductible is satisfied, your cost-share for POS care will be 50 percent of the TRICARE allowable charge (the allowable charge is the amount that the government regards as a fair price for the service you have received). You may also have to pay additional charges to non-network providers—up to 15 percent above the allowable charge. And, you may have to pay the entire bill when you receive the services, then—after a claim is filed—wait for reimbursement of the government’s share of the costs.

### **TRICARE Extra**

Under this option, you don’t have to enroll, or pay an annual fee. It’s exactly like TRICARE Standard, but you can seek care from a provider who’s part of the TRICARE network, get a discount on services, and pay reduced cost-shares (five percent below those of TRICARE Standard) in most cases. You won’t have to file any claims when using network providers. You will have to meet the normal annual outpatient deductible (\$50 for one person, or \$100 for a family, for active-duty pay grades E-4 and below; or \$150 for one person, or \$300 for a family, for all other eligible persons), as you would under TRICARE Standard. Call a health care finder, using your TRICARE contractor’s toll-free telephone number, for help in locating a provider who’s part of the TRICARE Extra network. Or, use the contractor’s directory of providers (available at TRICARE service centers, and in some cases, on the contractor’s Web site). These lists change frequently, so be sure to ask the provider if he or she is still in the network when you schedule an appointment. Under TRICARE extra, you can still use a military medical facility when space is available. You can move between the TRICARE Extra and TRICARE Standard options on a visit-by-visit basis.

### **TRICARE Standard**

This option is the former CHAMPUS program. The name change doesn’t change the benefits or how you use them. TRICARE Standard pays a share of the cost of covered health services that you obtain from a non-network civilian health care provider. There’s no enrollment in TRICARE Standard—but, **as with the other TRICARE options, you must be listed as eligible in the DEERS database in order to use TRICARE Standard**. The annual deductibles, cost-shares and benefits are the same as they were for CHAMPUS. Under this option, you have the most freedom to choose your provider of care—but your costs will be higher than with the other two TRICARE options. Also, you may have to file your own claim forms—and perhaps pay a little more for the care (up to 15 percent more than the allowable charge), if the provider you choose doesn’t participate in TRICARE Standard. If the provider does participate, he or she agrees to accept the TRICARE Standard allowable charge as the full fee for the care you receive, and will file the claims for you.

To use TRICARE Standard, just choose a physician or other TRICARE-certified provider of care. Ask the provider if he or she participates in TRICARE Standard.

*NOTE: A participating provider is one who agrees to accept the allowable charge as the full fee for the care that he or she provides to you. The participating provider is not signed up as part of the TRICARE network. He or she participates voluntarily, and may do so on a case-by-case basis. If you use a non-participating provider, that provider may bill you for his or her normal charges, up to 15 percent more than the TRICARE Standard allowable charge.*

Of course, you can still use your nearby military hospital or clinic, if the facility has the space available to provide services to you.

**No matter which of the three TRICARE options you decide to use, be sure you understand the rules under which they operate. Get copies of any available brochures, fact sheets or handbooks that pertain to the option you select. You can usually get informational materials from the health benefits adviser (HBA) at the nearest military medical facility, from the beneficiary counseling and assistance coordinator (BCAC) at your TRICARE region's lead agent office, or from the regional TRICARE contractor's local TRICARE service center. You'll also find information on the TRICARE Web site, at: [www.tricare.osd.mil](http://www.tricare.osd.mil).**